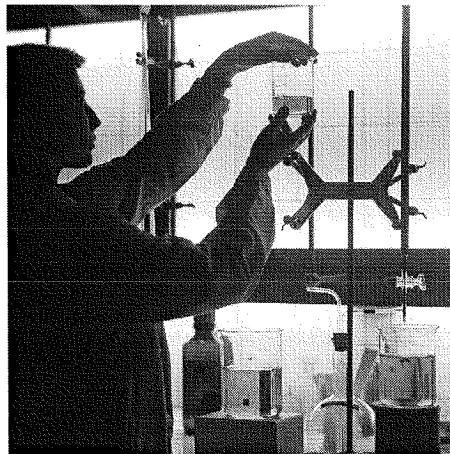


STRATTON VA MEDICAL CENTER
RESEARCH AND DEVELOPMENT
ANIMAL RESEARCH
MAIL CODE 151
113 HOLLAND AVE.
ALBANY, NY 12208
518-626-5624



The following documentation must be submitted before access to the Animal Research Facility will be granted.

- ☐ 1. WOC application completed and submitted.
- ☐ 2. Fingerprinting and clearance by HR.
- ☐ 3. Animal Screening form submitted to Personnel Health.
- ☐ 4. Clearance from Personnel Health.
- ☐ 5. Scope of Practice is completed and signed by your Investigator Supervisor and submitted to Robin Krause, IACUC Coordinator at the above address or via e-mail at Robin.Krause@va.gov.
- ☐ 6. Trainings are completed (see attached training sheet).
- ☐ 7. Any additional documentation or clearances specified by the Research and Development Office, i.e. VetPro, HR.

MANDATORY TRAINING REQUIREMENTS TO PARTICIPATE IN VA ANIMAL RESEARCH

To satisfy the annual requirement for training in Animal and Science research the following training must be completed at the Collaborative IRB Training Initiatives (CITI) website, www.citiprogram.org:

CITI VA ORD Biosecurity

CITI Working in Research Settings with Species specific training (rats, mice, rabbits, and guinea pigs) (Must be completed annually)

CITI Working with the VA IACUC (Must be completed annually)

If you have any questions, please contact me at 626-5624 or send an email to Robin.Krause@va.gov.

Information Security Training – this training is completed once

The **Information Security 201 for Research** is also available on the EES/Librix external server. All of the WOCs can now self-enroll and complete the requirement at:

<https://www.ees-learning.net/librix/loginhtml.asp?v=librix>

Please note: There should be at least four training certificates submitted.

Any questions or concerns, please feel free to contact Robin Krause at 626-5624 or Robin.Krause@va.gov

STRATTON VA MEDICAL CENTER
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ALBANY, NY 12208

Occupational Health Animal Screening Form

The attached screening form needs to be completed and submitted to the Stratton VA Medical Center's Personnel Health at the time you bring your immunization record or receive immunizations.

Personnel Health is currently located on the
5th Floor C Wing.

Periodic Animal Exposure Questionnaire

Name: _____

SS#: (Last 4) _____

Job Title: _____ Extension: _____

Bldg/Room #: _____

1. I no longer work with animals (including animal tissues, waste, body fluids, carcasses or animal quarters) at the VAMC. YES NO (if YES, skip to #4).

2. Show any **CHANGE** in animal contact within the VAMC in the past year. Write a plus (+)

for continuing contact; (++) for new animal contact; (-) for animals no longer working with.

_____ Dogs

_____ Pigs

_____ Cats

_____ Sheep

_____ Rabbits

_____ Rodents

_____ Guinea Pigs

_____ Nonhuman Primates

_____ Other

3. Check total amount of contact time with animals in the past year (include contact with animal tissues, waste, body fluids, carcasses or animal quarters):

_____ More than one hour / week

_____ One hour or less / week

_____ Other

(explain) _____

4. List any additions or deletions of human or animal pathogens or infectious diseases you have worked with in the past year:

Additions: _____

Deletions: _____

5. List the date of your last TB screening: (Mantoux or TB Symptoms Checklist): _____

6. List date of Hepatitis B, Tetanus or Rabies immunizations received this past year:

Tetanus _____ Rabies _____ Hepatitis B _____

7. Circle any condition(s) you have developed over the past year:

Hay fever

Asthma

Sinusitis

Other Chronic Respiratory Infection

Allergic skin problems

Eczema

Comments:

8. Check symptoms you developed this past year and how often you have them:

Symptoms	Never	Monthly	Weekly	Daily
Watery, Itchy Eyes				
Runny, Stuffy Nose				
Sneezing Spells				
Frequent Dry Cough				
Wheezing In Chest				
Rash or Hives				
Shortness of Breath				
Trouble Swallowing				

9. Do animals cause the above symptoms? If so, please list the animals.

10. List any **NEW** pets you obtained in the past year and symptoms you have with them.

New Pets	Symptoms

11. List any medical problems, pregnancies, hospitalizations or surgeries this past year.

Signature of Employee: _____ Date: _____

Print Name _____

Signature of Reviewer _____

Print Name _____

Physical Examination: Recommended _____ Not Recommended _____

SCOPE OF PRACTICE FOR ANIMAL RESEARCH LABORATORY STAFF

Name of Research Laboratory Staff Member:	
Principal Investigator (PI) / Primary Supervisor	Alternate Supervisor (If Applicable)

This Scope of Work is specific to the duties and responsibilities of the Research Laboratory staff member named above as an agent of the listed Principal Investigator, and/or alternate supervisor. By signing as the Principal Investigator, I attest that this lab staff member has received the appropriate training in the proper handling and use of all materials and perform procedures and handle information checked below. As such, he/she is specifically authorized to conduct laboratory research activities which may involve the following (check as applicable):

- ☐ Animals
- ☐ Human or non-human tissues, cells or subcellular specimens (e.g. DNA, RNA, etc.)
- ☐ Radioactive isotopes or radiation procedures
- ☐ Microbial agents (bacteria, viruses, other pathogens) and allergens
- ☐ Chemicals
- ☐ Hazardous Chemicals
- ☐ Recombinant DNA
- ☐ Controlled substances
- ☐ Poisonous, toxic, venomous plants/animals

This Scope of Practice is granted and signed by the Principal Investigator(s), and reviewed and approved by the Associate Chief of Staff (ACOS) for Research.

ROUTINE LAB DUTIES:

Granted or **Not
Granted**

1. Initiates submission of regulatory documents (Research Protocol Safety Survey (RPSS), ACORP) to Stratton VAMC Subcommittee on Research Safety & Biosafety (SRS&B) or Institutional Animal Care and Use Committee (IACUC).

2. Prepares lab for protocol activities (clean, organize, maintain or order supplies).

3. Provides education regarding study activities to lab co-workers, students, as necessary per protocol.

	<u>Granted</u>	or	<u>Not Granted</u>
4. Maintains complete and accurate data collection in notebooks, forms, and/or computer databases with particular emphasis on post-operative analgesia in rodents.	_____		_____
5. Initiates and/or expedites requests for consultation, special tests, or studies following the Investigator's approval.	_____		_____
6. Obtains and organizes data such as tests results, journal articles or other necessary information for the study.	_____		_____
7. Other: _____	_____		_____

BIOHAZARD/CHEMICAL DUTIES:	<u>Granted</u>	or	<u>Not Granted</u>
1. Perform experiments that involve biohazards/chemicals.	_____		_____
2. Order biohazards / chemicals.	_____		_____
3. Maintain Material Safety Data Sheets (MSDS).	_____		_____
4. Perform general lab procedures such as labeling, media preparation, and cleaning.	_____		_____
5. Perform safe handling and disposal of biohazards and/or chemicals.	_____		_____
6. Utilize controlled substances and maintain all required documentation.	_____		_____
7. Other: _____	_____		_____

ANIMAL RESEARCH DUTIES:	<u>Granted</u>	or	<u>Not Granted</u>
1. Perform procedures required for in vivo studies (safe handling, skill in gavage, injection/infection methodology, dissection skill, titrating and plating of organ homogenates).	_____		_____
2. Daily checks of laboratory animals—describe species and frequency: _____	_____		_____
3. Unusual housing and husbandry requirements of the research describe: _____	_____		_____
4. Weighing animals	_____		_____

	<u>Granted</u>	or	<u>Not Granted</u>
5. Assessment of animals to determine presence/absence of pain or distress - species _____	_____		_____
6. Determination that end point criteria are met, describe end points to be used: _____	_____		_____
7. Administration of analgesic drugs (periprocedural or perioperative) with knowledge of calibrating dosage			_____
8. Administration of analgesic drugs upon order of the Veterinary Medical Officer	_____		_____
9. Administration of test substances (non-drugs)	_____		_____
10. Administration of research pharmaceuticals & ability to calculate dosages	_____		_____
11. Medication administration routes approved for this individual:			
a. IV injection	_____		_____
b. Intrathecal injection	_____		_____
c. IC injection under anesthesia	_____		_____
d. IP injection	_____		_____
e. IM injection	_____		_____
f. SQ injection	_____		_____
g. Orally	_____		_____
h. Topically/Transcutaneously	_____		_____
12. Pre-procedural care	_____		_____
13. Anesthesia, induction	_____		_____
14. Anesthesia, maintenance and monitoring	_____		_____
15. Surgery of specific species used			
a. Surgery site preparation	_____		_____
b. Surgery, using aseptic technique on anesthetized animals			_____
c. Post-operative care and monitoring prior to full recovery - species: _____	_____		_____

d. Retro-orbital blood collection under anesthesia	_____	_____
16. Ear-tagging—species: _____	_____	_____
17. Tail snipping	_____	_____
18. Venipuncture list species & vein sites: _____	_____	_____
_____	_____	_____
19. Fecal sample collection	_____	_____
20. Ante-mortem tissue sample collection	_____	_____
21. Pre-procedure and Post-procedure care and monitoring	_____	_____
22. Euthanasia using CO2 gas in _____ species (AVMA policy)	_____	_____
23. Euthanasia using _____(method) in _____species (AVMA policy)	_____	_____
24. Confirmation of death --list methods used: _____	_____	_____
25. Secondary method of euthanasia—list method: _____	_____	_____
26. Carcass disposal (uncontaminated)	_____	_____
27. Contaminated bedding handling/removal	_____	_____
28. Contaminated carcass handling/disposal	_____	_____
29. Post-mortem perfusion	_____	_____
30. Post-mortem tissue collection	_____	_____
31. Tissue preparation	_____	_____
32. Tissue analysis	_____	_____
33. Restraint of _____(species)	_____	_____
34. Inventory maintenance--chemicals, animals, other _____	_____	_____
35. Controlled substances maintenance and security	_____	_____
36. Other: _____	_____	_____

RADIATION RESEARCH DUTIES:

1. Perform procedures required for use of radiation in lab protocol. _____
2. Monitors decay and arranges disposal thru the Stratton VAMC Radiation Safety Officer. _____
3. Ensures radiation safety by following Stratton VAMC Radiation Safety Policy. _____
4. Other: _____

SPECIFIC DUTIES (if applicable):

Research Laboratory Staff Member (name) _____ is authorized to perform the following miscellaneous duties not otherwise specified in this Scope of Work.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice for _____ (Research Laboratory Staff Member's name) was reviewed and discussed with him/her on _____ (date). After reviewing his/her education, competency, qualifications, research practice involving specialties checked above on page 1, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the Research Laboratory Staff Member and I are familiar with all duties/procedures granted or not granted in this Scope of Work. We agree to abide by the parameters of this Scope of Work, and all-applicable research and hospital policies and regulations.

This Scope of Work will be reviewed every two years and amended as necessary to reflect changes in the Research Laboratory Staff Member's responsibilities, utilization guidelines, and/or hospital policies.

Principal Investigator

Date

Research Laboratory Staff Signature

Date

Reviewed & Approved by:

Associate Chief of Staff for Research

Date